

Cure of rectovaginal fistula of obstetric origin: Clinical image

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Clinical Image

Rectovaginal fistula is usually caused by obstetric injury commonly resulting from breakdown of the repair of complete perineal tears or from unrecognised injury during forceps or precipitate delivery [1]. MRI is sometimes used if diagnosis is unclear. In some patients, the fistula healed spontaneously within 12 weeks of the injury. But in the majority of cases surgical treatment is necessary by the transvaginal or perineoproctotomy methods [2]. We report a case of a 41-year-old-woman, at three months of postpartum period with no pathological history. The patient developed a rectovaginal fistula related to obstetric injuries. She was evaluated with a complete history; physical examination and pelvic MRI (figure 1). Sigmoidoscopy was used to exclude associated inflammatory bowel disease and malignancy. The patient required surgical repair of the fistula, perineoproctotomy and sphincteroplasty

was chosen as the reparative procedure (figure 2). The post-operative outcomes were favorable. The patient was reviewed in consultation four weeks later, the clinical examination reveals healing of the rectovaginal fistula with disappearance of passage of stool and flatus pervaginum.

Conflict of interest: The author declares that there is no conflict of interest.



Figure 1: Pelvic MRI showing the rectovaginal fistula.

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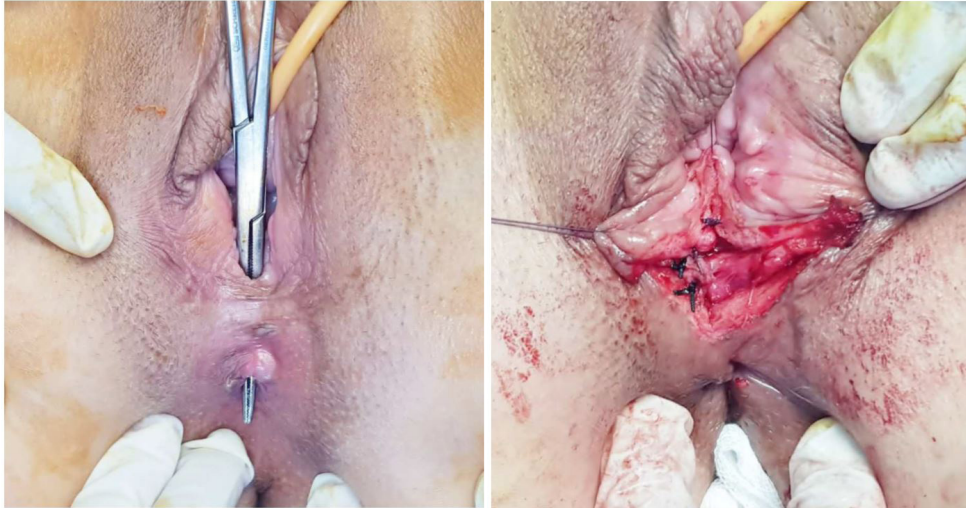


Figure 2: Images showing the management of rectovaginal fistula.

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